This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

				Return completed workbook
STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syster	ms (Short Form)		\$	For additional information,
General instruc	tions are located			contact the U.S. Copyright Office Licensing Division at:
in the first tab o	of this workbook	02/14/20	ALLOCATION NUMBER	Tel: (202) 707-8150
A Accounting Period	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	Period 2 = July 1 - December 31	
	Instructions:			
B	Give the full legal name of the owner of th of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	porate title
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should su	bmit a
		,		26590

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		NEX-TECH LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		145 N MAIN (Number, street, rural route, apartment, or suite number)
		LENORA, KS 67645 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	'	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID:
Name	NEX-TECH LLC	26590
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules: prporated communities within unincorporated areas and including single, ty that you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all futu	ire filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums identified city.	s, or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	STOCKTON	KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	NEX-TECH LLC								265
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission			-		-			
Secondary	about other services (including p								
Transmission	last day of the accounting period	• • •						ing en line	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary					•			
Rates	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					• • •	•		
	first set" and would be counted of							4	
	Block 2: If your cable system I								
	printed in block 1 (for example, t with the number of subscribers a					•	,	-	
	sufficient.		s right ne						
	BLC	DCK 1	· · · · ·				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		259	30.00	PREMI	ERE		204	46.
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	5				
F	In General: Space F calls for rat					l your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					a gea en a tan		og.a 220.0,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a solution block 1 and for which a	•			isnea. List	these other serv	vices in the	e form of a	
							T		
	1	BLO						BLOCK 2	
			CATEG	ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE	Installa		idontial				
	Continuing Services:			tion: Non-res	idential		Sports	& Entertain	13
	Continuing Services: • Pay cable	RATE 76.00	• Mot	tion: Non-res el, hotel	idential			& Entertain.	
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mot • Con	tion: Non-res el, hotel nmercial	idential		Cinema		13. 11. 17
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mot • Con • Pay	tion: Non-res el, hotel nmercial cable			Cinema HBO)X	11. 17.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l cl			Cinema HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	76.00	• Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l cł protection	nannel		Cinema HBO	ax me & TMC	11. 17.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	76.00 99.00	• Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection	nannel		Cinema HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	76.00 99.00	• Mot • Con • Pay • Pay • Fire • Burt Other s	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices:	nannel		Cinema HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	76.00 99.00	• Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices: onnect	nannel	30.00	Cinema HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	76.00 99.00	• Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices: onnect connect	nannel		Cinema HBO Showti	ax me & TMC	11. 17. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	76.00 99.00	• Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Outl	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices: onnect	nannel		Cinema HBO Showti	ax me & TMC	11. 17. 14.

counting Period: 2	2019/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
	NEX-TECH LLC			265
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of alles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination p d with a station according to its over-th the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	<i>t</i> (1) stations carried only on a part-the carriage of certain network progression of the carriage of certain network progression of the carried by your cable system on a substrained by your cable system on a subthe Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, representation, an independent station, or a	elevision stations) ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. It the community to which the station	is licensed by the
	KSNC	2	<u>N</u>	GREAT BEND, KS
	KBSH	7	N	HAYS, KS
Rows as Necessary	KOOD	9	<u> </u>	HAYS, KS
	KAKE	10	N	
	KMTW	17		
	KSCW	23	I	
	KSAS	24	N	
	KWCH-DT2	110	N-M	WICHITA, KS
	KAKE-DT2	180	N-M	WICHITA, KS
	KMTW-DT2	181	I-M	WICHITA, KS
	KSCW-DT3	182	I-M	WICHITA, KS
	KOOD-DT3	183	E-M	HAYS, KS
	KSCW-DT2	184	I-M	WICHITA, KS
	KSAS-DT3	185	N-M	WICHITA, KS
	KMTW-DT3	186	I-M	WICHITA, KS
	KSAS-DT2	187	N-M	WICHITA, KS
	KOOD-DT2	189	E-M	HAYS, KS
	KSCW-DT4	190	I-M	WICHITA, KS

Accounting F	Period: 2019/	2					FORM	I SA1-2E. PAGE 4
LEGAL NAME O		CABLE SY	/STEM:					SYSTEM ID# 26590
								20000
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					Н
receivable if (1) on the basis of For detailed infi paper SA1-2 fo Column 1: 10 Column 2: S Column 3: 11 signal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece t the Co sign of he static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. fon (the community to which the the community with which the	at the system's h system's FM and this point, see pa sed by the cable the station is licer	eadend, and (tenna, during o age (v) of the o system as a s nsed by the FC	2) it can certain s general eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KQMA	FM		PHILLIPSBURG, KS			_, _		
KKDT	FM		BURDETT, KS					
							·	

Accounting Perio	od: 2019/2					FOR	M SA1-2E. PAGE 5.
Neme	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEX-TECH LLC						26590
	SUBSTITUTE CARRIAGE						
	In General: In space I, identi substitute basis during the a	• •					
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT				e general met		
Special	During the accounting period				s anv nonne	twork television program	h
Statement and	broadcast by a distant stat			carry, on a substitute basi	s, any nonne		
Program Log						YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete the program	n
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning is	
	clear. If you need more spa Column 1: Give the title			sion program ("substitute p	program") that	t, during the accounting	
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	ral instruction	ns for further information	
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for ex	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		lagat live anto	r "Vaa" Othanuiga antar "N	o."		
				r "Yes." Otherwise enter "N Isting the substitute program			
				ne community to which the		ensed by the FCC or, in	
	the case of Mexican or Can		,				
			when your syst	tem carried the substitute p	orogram. Use	numerals, with the mor	nth
	first. Example: for May 7 giv						h
	to the nearest five minutes.			gram was carried by your o			Iy
	stated as "6:00–6:30 p.m."	Example. a	i program cam		15 p.m. to 0.2	.o.so p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was require	d
	to delete under FCC rules a						am
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
							
						_	
						_	
						_	
						_	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEX-TECH LLC	SYSTEM ID# 26590
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute th page (vii) of the general instructions located in the paper SA1-2 form.	smission service
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 48,788.72 (Amount of gross receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	o \$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00

	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Re See page i of the general instructions in the paper SA1-2 form for more inform		nts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O NEX-TECH LLC	WNER OF CABLE SYSTEM:			SYSTEM ID 2659
M Channels	to its subscribers Enter the total system carried 2. Enter the total on which the call 	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channels ble system carried television	otal num h the cab s broadca		18
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Scott Roe		Telephone	785-625-7070
	Address 	2418 Vine Street (Number, street, rural route, apartm Hays, KS 67601 (City, town, state, zip) sroe@nex-tech.		ite number) Fax (optional)	
O Certification	• I, the undersigned	d, hereby certify that (Check on r other than corporation or pa	ne, <i>but oni</i> artnershi	ertified and signed in accordance with Copyright Office regulations) <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space B artnership) I am the duly authorized agent of the owner of the cable sy	; or
	X (Office	·		ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		, and correct to the best of my l		clare under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith.	
				/s/ Rhonda S. Goddard electronic signature on the line above to certify this statement. mature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Rhonda S. Goddard	
		Title: (Title of of		Financial Officer	
		Date:		02/26/2020	

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	2019/2	FORM SA1-2E. PAG
	NER OF CABLE SYSTEM:	SYSTEN
-TECH LLC		26
The Satellite He lowing sentenc "In dete service	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- a and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gros
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusi
•	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must comp	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Ition of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enterth	he amount of late normant or undernormant	Interest Assessm
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessm
Line 1 Enter th	he amount of late payment or underpayment	Interest Assessm
	he amount of late payment or underpayment	Interest Assessm
	x	Interest Assessm
Line 2 Multiply	x	Interest Assessm
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you at list below the or	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you at list below the or Owner	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you at list below the of Owner Address ID number	x	Interest Assessm
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you al list below the or Owner Address	x	Interest Assessm

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.